



PART B - FEE(S) TRANSMITTAL

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29141 7590 11/09/2004

SAWYER LAW GROUP LLP
P O BOX 51418
PALO ALTO, CA 94303

02/04/2005 SSITHIB2 00000013 09754178

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
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| | |
|------------------|--------------------|
| Jinny Nguyen | (Depositor's name) |
| | (Signature) |
| January 31, 2005 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/754,178 | 01/03/2001 | Robert Paul Morris | P211/1975P | 2820 |

TITLE OF INVENTION: ROLE-BASED ACCESS TO IMAGE METADATA

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|------------------------------|-----------------|------------------------------|------------|
| nonprovisional | NO | \$1370 \$1,400 | \$300 | \$1670 \$1,700 | 02/09/2005 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | |
| VU, VIET DUY | | 2154 | 709-225000 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Sawyer Law Group LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

IPAC Acquisition Subsidiary I, LLC Peterborough, NH

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

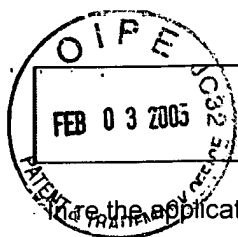
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Authorized Signature Date January 31, 2005Typed or printed name Stephen G. SullivanRegistration No. 38,329

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**TRANSMITTAL FORM**Attorney Docket No.
P211/1975PIn re the application: **Robert P. MORRIS**Confirmation No: **2820**Serial No: **09/754,178**Group Art Unit: **2154**Filed: **January 3, 2001**Examiner: **Vu, Viet Duy**For: **Role-Based Access to Image Metadata**

| ENCLOSURES (check all that apply) | | | | | |
|-----------------------------------|-------------------------------------|---|--|-------------------------------------|---|
| <input type="checkbox"/> | Amendment/Reply | <input type="checkbox"/> | Assignment and Recordation Cover Sheet | <input type="checkbox"/> | After Allowance Communication to Group |
| <input type="checkbox"/> | After Final | <input checked="" type="checkbox"/> | Part B-Issue Fee Transmittal | <input type="checkbox"/> | Notice of Appeal |
| <input type="checkbox"/> | Information disclosure statement | <input type="checkbox"/> | Letter to Draftsman | <input type="checkbox"/> | Appeal Brief (in triplicate) |
| <input type="checkbox"/> | Form 1449 | <input type="checkbox"/> | Drawings | <input type="checkbox"/> | Status Letter |
| <input type="checkbox"/> | (X) Copies of References | <input type="checkbox"/> | Petition | <input checked="" type="checkbox"/> | Postcard |
| <input type="checkbox"/> | Extension of Time Request * | <input type="checkbox"/> | Fee Address Indication Form | <input type="checkbox"/> | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> | Express Abandonment | <input type="checkbox"/> | Terminal Disclaimer | | |
| <input type="checkbox"/> | Certified Copy of Priority Doc | <input type="checkbox"/> | Power of Attorney and Revocation of Prior Powers | | |
| <input type="checkbox"/> | Response to Incomplete Appln | <input type="checkbox"/> | Change of Correspondence Address | | |
| <input type="checkbox"/> | Response to Missing Parts | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to . | | | |
| <input type="checkbox"/> | Executed Declaration by Inventor(s) | | | | |

| CLAIMS | | | | | |
|--------------------|----------------------------------|---|--------------|------------|---------|
| FOR | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE | FEE |
| Total Claims | 33 | 33 | 0 | \$ 50.00 | \$ 0.00 |
| Independent Claims | 6 | 6 | 0 | \$200.00 | \$ 0.00 |
| | | | | Total Fees | \$ 0.00 |

| METHOD OF PAYMENT | |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--------------------------------------|
| Attorney Name | Stephen G. Sullivan, Reg. No. 38,329 |
| Signature | |
| Date | January 31, 2005 |

| CERTIFICATE OF MAILING | |
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| Type or printed name | Jinny Nguyen |
| Signature | |